

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
**FILED JAN 16 1949**  
128

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. 937

Registration District No. \_\_\_\_\_

Primary Registration District No. 2000

Registrar's No. 125 H

**1. PLACE OF DEATH:**

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1011 Kentwood  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 3 Months  
years, months or days

3. (a) PRINT FULL NAME James Trustin Madden  
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Effie M. Madden 6. (c) Age of husband or wife if alive 38 years  
7. Birth date of deceased November 1 1858  
(Month) (Day) (Year)

8. AGE: Years 90 Months 2 Days 4 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Layson Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name J. C. Madden  
13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy Hardwick  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Nell Madden (dau.)  
(b) Address 1011 Kentwood, Springfield, Mo.

17. (a) Burial (b) Date thereof 1-7-49  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Layson, Missouri

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home  
(b) Address Springfield, Missouri

19. (a) 1-8-49 (b) W. J. Hardley MD  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Greene 39  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1011 Kentwood  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 5th  
year 1949 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from 12/28/48 to 1/5/49  
that I last saw him alive on 1/5/49  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia Duration 9 da

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Senility  
(Include pregnancy within 3 months of death)

Major findings: Of operations 491

Of autopsy \_\_\_\_\_

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

**22. If death was due to external causes, fill in the following:**

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? C

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury ✓

23. Signature W. J. Hardley MD (M. D. or other) MA  
Address Springfield, Mo. Date signed 1/6/49

JUN 14 1957

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Jewell E. Kindle*

Licensed Embalmer No. *2831*

P. O. Address *Springfield Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.